

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>Xm</i>	32	9/6
<b>FORMALITY REVIEW</b>	AM	917	10-02-01
<b>RESPONSE FORMALITY REVIEW</b>	Rm	781	11-16-02
<b>RESPONSE</b>	CK	1109	3-06-02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1 ✓	7/29/02
2 ✓	
3 ✓	
4 ✓	
5 ✓	
6 ✓	
7 ✓	
8 ✓	
9 ✓	
10 ✓	
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41 ✓	
42 ✓	
43 ✓	
44 ✓	
45 ✓	
46 ✓	
47 ✓	
48 ✓	
49 ✓	
50 ✓	

Claim	Date
Final	
Original	
51 ✓	
52 ✓	
53 ✓	
54 ✓	
55 ✓	
56 ✓	
57 ✓	
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Claim	Date
Final	
Original	
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144 ✓	
145 ✓	
146 ✓	
147 ✓	
148 ✓	
149 ✓	
150 ✓	

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

5C853  
1672  
3-6-02

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